Assessment of ADHD and Co-Morbidities

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The Mindset of the Effective Evaluator

Evaluate for intervention.
Appreciate and stay current with the science.
Appreciate that which is unknown.
Know your limitations and the limitations of assessment.
Answer the referral questions if you can.

ADHD is a developmental disability with a childhood onset that typically results in a chronic and pervasive pattern of impairment in school, social and/or work domains, and often in daily adaptive functioning.

Behavior Manifestations

Trouble focusing/concentrating
Distractible/sidetracked
Trouble finishing tasks
Themes of intense frustration
Underachievement

Behavior Manifestations

Poor organization and planning
Procrastination
Mental/physical restlessness
Impulsive decision making
Frequent impulsive job changes
Poor academic grades for ability
Chronic lateness
Frequently lose/misplace things

Work and School Concerns

Poor self-regulation
Can't sustain attention to paperwork
Trouble staying alert and focused
Poor organization and planning
Procrastination
Poor time management
Subjective sense of restlessness

Work and School Concerns

Impulsive decision making
Unable to work well independently
Trouble following directions
Change jobs impulsively
Often late
Forgetful
Poor self-discipline.

Interpersonal Concerns

Impulsive comments to others
Quick to demonstrate emotion
Stress intolerance
Poor adherence to obligations
Viewed by others as immature
Talk excessively/listen poorly
Problems sustaining friendships and relationships
Miss social cues

Adaptive Behavior Problems

Trouble with financial matters from saving to checkbooks, money management, debt, and impulsive spending
Trouble organizing/maintaining the home
Spouse may feel overburdened
Inconsistent/unreliable
Driving problems
Habit and abuse problems

Emotional Problems

Immaturity (50%)
Low frustration tolerance
Over-reaction to situations
Poor self-esteem
Demoralization

Co-morbid Disorders in Clinic Settings

Major Depressive Episode +25%
Mania 3-17%?
Anxiety Disorder 20-30%
Learning Disability 20-30%
School Problems 100%?
Social Problems 100%?

Co-morbid Disorders in Clinic Settings

Oppositional Defiant Disorder 50-70%
Conduct Disorder 30-40%
Juvenile Court Involvement 25-50%
Substance Abuse 20-30%

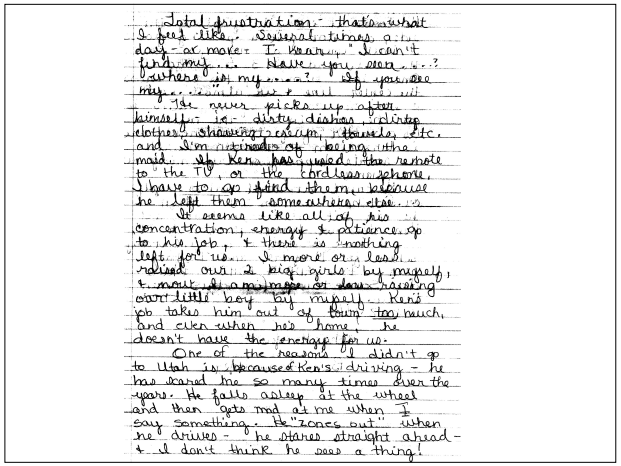
Low Incidence Disorders With Increased Risk of ADHD

Tourette's Syndrome
Autism
Fragile X Syndrome
Williams Syndrome
Neurofibromatosis Type I

Goals For Today

Change your mindset about the chronic course and nature of ADHD.
Appreciate an integrated model making sense of the large volume of ADHD data.
Distinguish ADHD from other psychiatric conditions.
Understand the diagnostic process.
Understand risk and protective factors.
Explore the outcome of youth with ADHD

Why must we change our view of ADHD?



Total frustration - that's what I feel like. Several times a day - or more - I scream, I can't function ... Have you seen ...? Somewhere in my ...? If you see my ... Ken never picks up after himself - ie - dirty dishes, clothes, shaving, cup, shower, etc. and I'm tired of being the maid. My Ken has moved the remote to the TV, or the cordless phone. I have to go find them because he left them somewhere else.

It seems like all of his concentration, energy & patience go to his job, & there is nothing left for us. I more or less raised our 2 big girls by myself, & now I am more or less raising our little boy by myself. Ken's job takes him out of town too much, and even when he's home, he doesn't have the energy for us.

One of the reasons I didn't go to Utah is because Ken's driving - he has scared me so many times over the years. He falls asleep at the wheel and then gets mad at me when I say something. He "zones out" when he drives - he stares straight ahead - & I don't think he sees a thing!

Endorsed Symptoms of Adults With ADHD

Difficulty with directions (98%)
Poor sustained attention (92%)
Shifting activities (92%)
Easily distracted (88%)
Losing things (80%)
Fidgeting (70%)
Interrupting (70%)

(Millstein, et al, 1997)

Prototypical Adult With ADHD

Male
Dysthymic
More geographic moves
Employed (90%)
Less schooling
Lower Socio-economic status
More driving problems
Substance problems
General neuropsychological weaknesses related to self-regulation and inhibition

What is the Mindset of Adults With ADHD?

Pessimistic
Negative world view
External locus of control
Helpless
Negotiate daily life through a negative reinforcement model
Frustrated

ADHD reflects exaggeration of normal behavior.

The symptoms of ADHD lead to a nearly infinite number of consequences

Self-regulation

The ability to inhibit
The ability to delay
The ability to separate thought from feeling
The ability to separate experience from response
The ability to consider an experience and change perspective
The ability to consider alternative responses

Self-regulation

The ability to choose a response and act successfully towards a goal
The ability to change the response when confronted with new data
The ability to negotiate life automatically
The ability to track cues

Poor self-regulation is synonymous with. . .

Poor self-control

Poor self-regulation leads to . . .

Impulsive behavior

Poor self-regulation leads to:

Knowing what to do is not the same as doing what you know
Cue-less behavior
Inconsistent behavior
Unpredictable behavior
The illusion of competence
Riding an emotional roller coaster
Problems with automatic behavior

Conditions under which problems with consequences are observed

Delayed
Infrequent
Unpredictable
Lacking saliency

Conditions Under Which Inattention Is Observed

Repetitive
Effortful
Uninteresting
Not chosen

The consequence is worse than the symptom:
NEGATIVE REINFORCEMENT

Incidence of ADHD in the Population

No general census data available.
No large scale adult epidemiological studies available.
Approximate 9% incidence combined for all categorical subtypes in epidemiological studies of children.
Consistent with a dimensional view suggesting significant impairment at −1.5 S.D.

DSM 5 Diagnostic Categories For ADHD

ADHD Inattentive Type
ADHD Hyperactive-Impulsive Type
ADHD Combined Type

Is the Inattentive Type of ADHD a Distinct Disorder?

Better prognosis
Fewer adverse family variables
Fewer problems with disruptive behavior
Greater risk of learning disability
Greater risk of internalizing problems
Socially neglected
Higher incidence in females vs. males

Females With ADHD

Similar to clinic referred males for incidence of emotional and learning problems in childhood.
Fewer disruptive behavioral problems than clinic referred males in childhood.
Adult studies suggesting fewer anti-social personality problems than males with ADHD but likely similar emotional problems.
Higher ratio of Inattentive to Combined Type in childhood and likely adulthood vs. males.

Problems With the DSM 5 ADHD Diagnosis

Categorical models don't predict as well as dimensional models
Too few impulsive symptoms (3)
Polythetic system
Symptom threshold issues
Age of onset
Impairment issue
Lack of Adult Criteria

Why is Diagnosis Complex?

Symptoms represent excess of normal behavior
Criteria have changed, particularly impairment requirements
Symptoms are common to many diagnoses
Continuum – clinical judgment critical

Why is Diagnosis in Adults Complex?

Childhood data vague and often missing.
Co-morbidity common.
Measuring impairment is difficult.
No litmus test.

ADHD is NOT:

A simple matter of symptom endorsement.
Simply the identification of certain personality traits.
Advantageous to have.

Key Questions to Consider in the Diagnostic Process

Are key symptoms clearly present?
Is there objective evidence that these symptoms cause significant impairment in multiple domains of daily adaptive functioning?
Have these symptoms been unremitting since childhood? If not, why?
Have these symptoms been chronic and pervasive? If not, why?

Key Questions to Consider in the Diagnostic Process

What evidence exists that these symptoms are not primarily or exclusively due to other factors such as lack of effort, secondary gain, etc.
Is the individual putting forth best effort?
Are the person's symptoms better explained by another psychiatric or medical condition?
Is there evidence of comorbidity?

Diagnostic Guidelines

Use self-report of ADHD symptoms:
For current symptoms use DSM flexibly (4+)
For childhood recall of symptoms use DSM
Mandatory corroboration
Paper trail of impairment
Onset of symptoms before age 13

Diagnostic Guidelines

Chronic course, no remission
Impairment in major life activities using average person standard
If impairment arose late must be explained
Rule out: low IQ, LD, anxiety, depression as primary cause of symptoms

Diagnostic Issues

Under/over report of symptoms.
Poor retrospective recall of childhood.
Under reporting of symptoms by others.
Lack of corroboration.
Limited records.
Viewing all inattention as symptomatic of ADHD.
Legal advantages.

Assessment Tools

History.
Self-report measures.
Other report measures.
Tests of attention and inhibition.
Cognitive (memory, processing, etc.) measures.
Intellectual measures.
Personality measures.

Will a battery of tasks reliably facilitate the clinical diagnosis of ADHD?

NOT AT THIS TIME. THESE INSTRUMENTS ARE DESCRIPTIVE RATHER THAN DIAGNOSTIC!

These measures may be sensitive and specific. Some may even possess positive predictive power. None possess clinically significant negative predictive power.

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Differential Diagnosis

Schizophrenia
Personality disorders
Substances
Brain injury
Mood disorders
Anxiety disorders
Bipolar disorder

Differential Diagnosis: These conditions usually have:

Later onset.
Inconsistent childhood history.
Different course and symptom constellation.
In bipolar disorder: bursts of productivity, cyclical mood swings, family history, differing symptom profile, and atypical medication response.

Why do some with ADHD thrive while others barely survive?

Coping = Resilience

Defining Key Concepts

Resilience Encompasses:

A process leading to good outcome despite high risk;
The ability to function competently under stress.

Four Waves of Resilience Research

Identifying person and variable-focused factors that make a difference.
Identifying and understanding the operation of these factors within systems with a process focus.
Intervening to foster resilience in at risk individuals.
Designing system wide programs.

Person Attributes Associated With Successful Coping*

Affectionate, engaging temperament.
Sociable.
Autonomous.
Above average IQ.
Good reading skills.
High achievement motivation.
Positive self-concept.
Impulse control.
Internal locus of control.
Planning skills.
Faith.
Humorous.
Helpfulness.

* Replicated in 2 or more studies

Environmental Factors Associated With Successful Coping*

Smaller family size.
Maternal competence and mental health.
Close bond with primary caregiver.
Supportive siblings.
Extended family involvement.
Living above the poverty level.
Friendships.
Supportive teachers.
Successful school experiences.
Involvement in pro-social organizations.

*Replicated in 2 or more studies.

The pathways that lead to positive adaptation despite high risk and adversity are complex and greatly influenced by context therefore it is not likely that we will discover a magic (generic) bullet.

Resilient children are not simply born that way nor are they made from scratch by their experiences. Genetic and environmental experiences loom large as protectors against a variety of risks to healthy development ranging from resistance to bacteria and viruses to resilience to maltreatment and rejection.

Kirby Deater-Deckard

We must possess the courage, integrity, patience and knowledge to help those in need regardless of the current state of scientific and political affairs.

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https://www.youtube.com/watch?v=isfw8JJ-eWM

The Power of Resilience: Sam Goldstein, Ph.D. at TEDxRockCreekPark